

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGHT STRATEGIES, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 3176 SUMMIT SQUARE DR, STE B-10		Amount 302100.00
City OAKTON	State VA	Zip Code 22124
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.1205 Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 344495.95		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee RIGHT STRATEGIES, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 3176 SUMMIT SQUARE DR, STE B-10		Amount 302100.00
City OAKTON	State VA	Zip Code 22124
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.1206 Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2016
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 302100.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	604200.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chris Marston

[Electronically Filed]

Date

MM / DD / YYYY
01 / 05 / 2016

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 06 / 2016
Mailing Address 95 EDDY RD STE 101		Amount 42395.95
City MANCHESTER	State NH	Zip Code 03102
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type	Transaction ID : SE24.1207 Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 344495.95		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42395.95
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	646595.95

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chris Marston

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Date

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01 / 05 / 2016

Signature